

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) WU, TONY		RECEIVED Date Stamp 2018 OCT 23 AM 10 CITY OF WEST COVINA CITY CLERK'S OFFICE	California Form 803 For Official Use Only
Agency Name CITY OF WEST COVINA			
Agency Street Address 1444 WEST COVINA			
Designated Contact Person (Name and title, if different) CHRIS FREELAND, CITY MANAGER			
Area Code/Phone Number 626-939-8401	E-mail (Optional) CHRIS.FREELAND@WESTCOVINA.ORG	<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: 10/23/18 <small>(month, day, year)</small>	

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

85C BAKERY

Name

2626 EAST GARVEY AVENUE WEST COVINA CA 91791

Address City State Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

WEST COVINA UNIFIED SCHOOL DISTRICT

Name

1717 MERCED AVENUE WEST COVINA CA 91790

Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 10/16/18 Amount of Payment: (In-Kind FMV) \$ 5,000
(month, day, year) (Round to whole dollars.)

Payment Type: Monetary Donation or In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: _____

Purpose: (Check one and provide description below.) Legislative Governmental Charitable

Describe the legislative, governmental, charitable purpose, or event: DONATION FOR AFTER SCHOOL PROGR

5. Amendment Description and/or Comments

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 10/23/18 By _____
DATE SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER